A99000000570

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 18 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name
THE GERSTENFELD FAMILY LIMITED PARTNERSHIP
A 99 0000000570

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1646 PROSPECT ST. SARASOTA, FL 34239

Suite, Apt. #, etc.
—

City & State
SARASOTA, FL

Zip
34239

Country
SARASOTA

3. Mailing Address
– Same

Suite, Apt. #, etc.
—

City & State

Zip

Country

DUE BY MAY 1

4. FEI Number
65-1108749

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corp Direct Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
103 N. Meridian St.
lower level

City
Tallahassee FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Pam Wolfe
Signature, typed or printed name of registered agent and title if applicable.
6/11/02
Date

9. Capital Contributions as Shown on record. $600,000.00

10. Amount of Capital Contributions in FLORIDA to date. $392,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HIGHNOTE OF LONGBOAT KEY, INC. 1646 PROSPECT ST. SARASOTA, FL 34239	STREET ADDRESS CITY-ST-ZIP	800006109748--- -07/01/02--01001--011 ****437.50 ****437.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	BK 800006109748--- -07/01/02--01001--012 *****88.75 *****88.75
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CR2E003(F)(12/01)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Michael Cory 6/7/02 MICHAEL CORY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Typed or Printed Name